## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P93000064644 DOCUMENT #

1. Entity Name

DREAMSCAPES DESIGN, INC.

SIGNATURE:



**FILED** May 14, 2003 8:00 am Secretary of State 05-14-2003 90137 022 \*\*\*150.00 ≥

Daytime Phone #

Frincipal Place of Business   PLO 80% Applied For FERNANDINA SCH FL 2004   FERNANDINA SCH FL 2004   Suite Appl #, etc.   Suite Appl #, etc.   City 6 State   4. FEI Number 59-3205096   Applied For Ap						\						
ARE 103 FERMANDINA BCH FL 32034  S 2. Principal Place of Business  Suite, Apt. #, otc.  Cry. & State  Country	Principal Plac	e of Business		Mailin	g Address	···········	- <del></del> -	ļ				
FERMANDINA SCH FL 32294  2. Princ pail Place of Business  Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City &	1500 S 14TH ST			P.O. B	P.O. BOX 431			[				
Suite, Apt. # etc.   Suite, Apt. # etc.   Suite, Apt. # etc.   City & State   C. City & C. Country   S. Cardificate of States Desired   See Projectional   Fee Project				FERNA	FERNANDINA BEACH FL 32034							
Suite. Apt. #, etc.   Suite.	_	BCH FL 32034										
Suite, Apt. #, etc.   City & State   City & Cit	2. Principal P	Place of Busine		3. Mai	ling Address			· [	1 <b>00  11     11  10  5</b>   11   <b>10</b>   1			
City & State  City & State Desired  Status Desired  Status Desired  Status Desired  Status Desired  State Desired Agent  T. Name and Address of New Registered Agent  City FL  Zip Code  City  FL  Zip Code  C												
Street Address of Current Registered Agent   Street Address of Name and Address of Current Registered Agent   Street Address of Name and Address of Current Registered Agent   Name	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				· CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  DENNARD: WILLIAM J 1500 S 14Th ST 1500 S 14Th ST 1500 S 14Th ST 25P Code  City  FL 27P Code  3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent age	City & Stat	te		City	City & State			E0-330E006				
DENNARD; WILLIAM II   1500 S 14TH ST	Zip Country			Zip	Zip Country							
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of C	urrent Registere	Registered Agent			7. Name and Address of New Registered Agent				
1500 S 14TH ST   FERNANDINA*BCH FL 32034   City   FL   Zip Code	Nam											
SIGNATURE   Change   Addition   Change   Addition   Change   Change   Addition   Change   Addition   Change	DENNARD: WILLIAM:				Street Address			P.O. Box Number is Not Acceptable)				
City FL Zip Code  8. The above named entity submis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signa	· ·						Purper Variness (					
City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent. Signature, typed or protect name or registered agent age			32034			[ _			<del>-</del>			7
SIGNATURE    Signature, typed or privated name of registered agent and title if applicable.   (NOTE: Registered Agent tignature required when reinclating)   DATE	( )					(	City		<u> </u>	FL	Zip Cod	e
SIGNATURE    Signature, typed or preted name of registered agent and title if appricable.   (NOTE: Registered Agent signature required when reincuting)   DATE	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DENNARD, WILLIAM I STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034  TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET A	_		red agent.									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	12. I hereby o	certify that the	information suppli	ed with this filing	does not qualify fo			ction 119.0	07(3)(i), Florida Statuti	es. I further cer	rtify that the ir	nformation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	indicated of the cor	on this report poration or the	or supplemental re receiver or truste	eport is true and e empowered to	accurate and that rexecute this report	my signature : as require <i>a</i>	shall have the s	same legal	effect as if made und	ler oath; that I :	am an officer	or director